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PTO/SB/121 (10-00)

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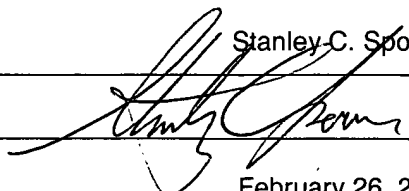


Request for Customer Number (PTO/SB/125) submitted herewith.

in the following listed application(s) or patent(s):

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	09/486,183		February 23, 2000

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Typed or Printed Name	Stanley C. Spooner	<b>(check one)</b>  <input type="checkbox"/> Applicant or Patentee  <input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96)  <input checked="" type="checkbox"/> Attorney or Agent of record  27,393 (Reg. No.)
Signature		
Date	February 26, 2003	
Address of signer:	1100 North Glebe Road, 8 <sup>th</sup> Floor Arlington, VA 22202	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Assistant Commissioner of Patents, Box CN, Washington, DC 20231.

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty Dkt. 540-188

C# M#

GRAY

Group Art Unit: 1733

Serial No. 09/486,183

Examiner: J. Aftergut

Filed: February 23, 2003

Date: February 26, 2003

Title: FIBRE REINFORCED COMPOSITES

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Sir:

**RESPONSE/AMENDMENT/LETTER**

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☒ **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

Total effective claims after amendment	minus highest number			
previously paid for	(at least 20) =	0	x	\$ 18.00
				\$ 0.00

Independent claims after amendment	0	minus highest number		
previously paid for	3	(at least 3) =	0	x \$ 84.00
				\$ 0.00

If proper multiple dependent claims now added for first time, add \$280.00 (ignore improper)	\$ 0.00
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Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) (\$110.00/1 month; \$410.00/2 months; \$930.00/3 months)	\$ 0.00
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Terminal disclaimer enclosed, add \$ 110.00	\$ 0.00
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<input type="checkbox"/> First/second submission after Final Rejection pursuant to 37 CFR 1.129(a) (\$750.00)	\$ 0.00
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☐ Please enter the previously unentered, filed☐ Submission attached**Subtotal \$ 0.00**

If "small entity," then enter half (1/2) of subtotal and subtract	-\$ 0.00
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☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee (\$180.00)	\$ 0.00
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Assignment Recording Fee (\$40.00)	\$ 0.00
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Other: Petition under 37 CFR 1.181	130.00
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**TOTAL FEE ENCLOSED \$ 130.00**

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

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NIXON &amp; VANDERHYE P.C.

By Atty: Stanley C. Spooner, Reg. No. 27,393

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